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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Children's Services Transformation Programme 2022 - 2025

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

This phase of the transformation programme aims to build on the work started in the first phase which sought to:

- Reduce the number of children and young people living in placements out with the City, in order to maintain children and young people's links with their homes, families, schools and community
- Expand family support provision through reinvestment into resources within the City
- Redesign children's houses in order to ensure that they can support the full range of children's and young people's needs
- Maximise the number of foster carers living within and closer to Glasgow, in order to maintain children's connections within the City
- Increase support to kinship carers through Family Group Conferencing and Family Finding Initiatives
- Develop an intensive family support service for the families of children on the 'edge of care' in order to prevent accommodation
- Expand investment in the third sector to promote a sustainable family support strategy to support families to find their own solutions
- Continue to implement self-directed support to enable children with disabilities to live at home with their families and in their communities

The next stage of the programme seeks to build on the outcomes achieved by:

- Strengthening strengths-based, early intervention approaches through greater integration of teams, full and effective implementation of GIRFEC, a focus on quality and consistency of practice, enhanced tier 1 and 2 mental health support, and further expansion of family support services
- Strengthening the effective implementation of the Promise and the aspirations of the Independent review of care; building on the lived experiences of our most disadvantaged and marginalised voices and ensuring lived experience is at the core of our redesign.
- Expanding the 'How Nurturing Is your children's house?' programme, in order to ensure a consistent, high quality, nurturing ethos is promoted within children's houses, with a plan to roll this out to foster care placements.

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- Expanding the anti-poverty approaches rolled out across the City during the pandemic, building on the learning of what worked, and the feedback provided by families
- Undertaking a review of 16+ services to ensure a coordinated approach across housing, health and employability services in order to improve choices for young people, and improve health and wellbeing, integrating the learning from the pandemic.

The first phase of the transformation programme achieved a gradual decrease in the number of children and young people living in placements out with the City, therefore the second phase is focused on continuing to expand and strengthen the infrastructure of support within the City to meet this additional demand, and to address greater complexity of needs. This will build on the learning from approaches which have been successful, for example, Family Group Decision Making (which achieved accreditation in phase one), Family Nurse Partnership, and Glasgow Intensive Family Support Service and will promote a more consistent, strengths-based approach to working with families in the City.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

The transformation programme is the plan for delivery of the key national policy drivers for children's services, including GIRFEC, the Promise and the UNCRC, and links to the goals of the Glasgow City HSCP Strategic Plan.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Dominique Harvey	Date of Lead Reviewer Training:
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Dominique Harvey, Head of Planning for Children's Services and North-East Locality
Mike Burns, Assistant Chief Officer for Children's Services and North-East Locality
Susan Orr, Head of Children's Services, Families for Children and Children's Residential Services
Karen Dyball, Head of Children's Services (North East Locality) Janet McCullough, Head of Children's Services (South Locality) Liz Simpson, Head of Children's Services (North West Locality)
Mhairi Cavanagh, Professional Nurse Lead (Children and Families)
Alison Hodge, Change and Development Manager
Margaret Walker, Planning Manager
Vincent Henry, Senior Planning Officer

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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Equalities information is routinely collected on CareFirst and EMIS, for all children, young people and families supported by the HSCP to enable equalities monitoring, and to support planning for future service delivery to ensure that the full spectrum of children, young people’s and families’ needs are being met.</p> <p>Data is also provided on a twice weekly basis with respect to a range of indicators around the ethnicity of those children looked after and accommodated and in kinship. In addition, a further analysis was completed in 2021/22 with respect to the cohort of children’s background in formal care.</p>	<p>Collecting data on current service users fails to detect under-represented cohorts/ groups failing to access services, and therefore the HSCP needs to continue to keep track of changing demographics within the City to ensure that all groups have equal access to services, and to mitigate against any potential barriers to engagement.</p> <p>The strategy also seeks to adjust the focus to ensure all children’s rights are protected in line with both UNCRC and with getting it right for every child’s aspiration around children getting the help they need when they need it.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement</i></p>	<p>Data has been used to inform service developments across a number of areas embedded in the transformation programme, including targeted tier 1 and 2 services for LGBT+ children and young people; delivery of family support services; family survey linked to the anti-poverty work; and development of the Children’s Services Plan which underpins the strategic direction of travel for all services across the Community Planning Partnership.</p>	<p>The impact of the pandemic has also brought into sharp focus the need for greater protection around children and young people with complex needs. Further work is being developed to enhance both our integrated approach and the range of supports available through the carers</p>

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<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Capturing the Needs of LGBT Children and Young People within the Development of Tier 1 and 2 Services</p> <p>A needs assessment was carried out to explore the needs of LGBT+ children and young people over 2019 and 2020, in partnership with NHS Lothian and Public Health Scotland. This involved completion of a literature review, comprehensive qualitative engagement with 175 LGBT+ individuals and 18 organisations, further engagement with LGBT+ participants specifically about their experiences over the Covid-19 pandemic, and an online quantitative survey. The survey showed that the key issues arising relating to mental health were:</p> <p>Loneliness and isolation, exacerbated by the pandemic but linked to lack of opportunities out with commercial activity (often focused on alcohol), leading to greater reliance on online activity</p> <p>Estrangement from families, due to relationship breakdown, or stressful and unsupportive family environments</p> <p>Issues linked to ‘minority stress’ and compounded by bullying, discrimination, hate crimes and social isolation, which particularly impacted the Trans cohort and bisexual women.</p> <p>Concern was expressed about long waiting times for mental health support, and about inclusivity within these services.</p> <p>Limited opportunities for physical activity, counteracting the potential positive impact on mental health. Barriers to access include concerns about changing areas.</p> <p>Waiting times for Gender Identity Service, which have been exacerbated by the pandemic, and may be increasing the number of people choosing to finance their own treatment which can increase clinical risk and impact of poverty within this cohort.</p> <p>This led to a number of recommendations for group support, social and volunteering opportunities; one to one support, counselling and advice; signposting and advocacy to access wider mental health support services; support for Trans people on the Gender Identity Service waiting list; and facilitated support to leave the house and participate in outdoor activity.</p> <p>This work led to the commissioning of three organisations to</p>	<p>strategy and through LGBT+ services, mental health services (particularly in relation to autism and ADHD) and to address complex needs.</p> <p>The family survey questionnaire did not ask respondents about their main or preferred language, written English competency or any communication difficulties or interpreting needs they may have. This should perhaps be a consideration for any future similar consultations.</p>
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			<p>deliver a range of group work and individual support addressing these needs, and will inform a longer term commissioning strategy.</p> <p>Developing a Flexible, Responsive and Inclusive Family Support Strategy</p> <p>Research has been undertaken to map out the range of provision of family support across the city in order to inform the development of the Family Support Strategy. The mapping questionnaire took into account protected characteristics. The questionnaire investigated aspects such as funding criteria and routes families took in accessing services. In addition, providers were asked to evidence how their services promote inclusion.</p> <p>The Third Sector Family Support Sub-Group engaged with families throughout the development of the Strategy. There was a wide range of Third Sector providers within this group with specialisms in providing support to address issues associated gender-based violence, addictions; the delivery of holistic family support, nursery provision, play therapy, and intensive family support; and targeted services for the asylum seeking population, single parents, and children and young people with disabilities. Aberlour, Children 1st, 3D Drumchapel, Crossreach, Stepping Stones for Families, One Parent Families Scotland, HomeStart Glasgow South, HomeStart Glasgow North, Scottish Childminding Association, Quarriers, Parent Network Scotland, Barnardos, Equal Say, Youth Community Support Agency, Task Childcare, Scottish Refugee Council, Includem and Action for Children were involved in the exercise.</p> <p>Consultation with families was carried out by the Third Sector Interface and the consultation was facilitated by Third Sector practitioners in 1 to 1 or group work settings. There were 21 responses received from 10 Third Sector Agencies, representing the views of a total of 140 individuals. This cohort was comprised of young people, families, parents and carers. Given</p>	
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			<p>the range of specialisms of the agencies involved, there was a particular emphasis on increasing access to services, and targeted support for children, young people and families with protected characteristics.</p> <p>From the research and engagement with families, six areas of needs were identified related to addressing neglect, gender-based violence, poverty, and mental health, and to enhancing provision for asylum seeking children, young people and their families, and children and young people with disabilities and/or additional support needs.</p> <p>Family Support principles were developed in conjunction with families and Third Sector practitioners in order to guide the delivery of family support and to ensure that the needs of all children, young people and families, including those with protected characteristics, are being met by the network of services within Glasgow City. These principles cover the areas of engagement, collaboration, communication, empowerment, respect, flexibility, assessment, evaluation, planning and knowledgeability.</p> <p>Anti-poverty Family Survey During 2021, the HSCP made payments to children, young people and families, identified as in greatest need, to help with the financial effects of Covid 19, from a grant given to the HSCP by the Scottish Government. The payment recipients were referred by a social worker, health visitor or other support person to receive the payments.</p> <p>Payments were issued automatically, with no application process to remove any barriers to accessing this funding, and there were no criteria attached to how the money should be used. Most payments were made via direct BACS payments, where people had a bank account that the HSCP or Education Services had listed for them, or where workers could get access</p>	
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			<p>to bank account details. For those without bank accounts, or whose bank account details were not known by the HSCP, the payments were paid into internal client accounts and incrementally paid out by workers to families, or via reception staff in localities, in cash.</p> <p>An online survey was developed to explore the impact of the payments. A link to the survey was texted to 1,435 payment recipients, for whom the HSCP had mobile phone numbers, on the 12th August 2021. Reminders were issued by text on 19th and 30th August and the survey was closed on 6th September, more than three weeks after it was first opened. There were 442 responses included in the results analysis giving a response rate of 30.8%.</p> <p>Most respondents who indicated their age and gender were female aged 25-44 (264 - 60%). Most respondents indicated they had a White (261 - 59%) ethnic background, and more than a quarter said they had a Black, Asian or minority ethnic background (115 – 26%). Just under half of respondents (195 – 44%) said there was someone in their household with one or more disabilities.</p> <p>93% of respondents (412) said they welcomed receiving these payments, with 7% (30) saying they didn't. There are no comments giving reasons why people didn't welcome receiving the payments although there are a number of positive comments from these respondents stating that the money was helpful, which may indicate that a number of respondents may have answered "No" in error to this question.</p> <p>More than two-thirds of all respondents used the money for food (313 – 71%) and more than three-fifths used it to buy clothes/footwear (285 – 64%). More than a third used the money to pay for household bills (162 – 37%) and a quarter bought toys/books for the children (117 – 26%). A few people said they</p>	
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			<p>used the money for other things that weren't on the list which included savings (4 responses), essentials such as toiletries, nappies or baby equipment (4), improving their garden (2), driving lessons (1), tools for work (1).</p> <p>More than half of respondents said they were more relaxed or less worried or anxious (243 – 55%) with exactly half saying they were happier (223 – 50%), because of the payments they received.</p> <p>Children's Services Plan The Children's Services Plan underpins the strategic direction of all children's services across the Community Planning Partnership. The consultation for the Plan used a wide variety of methods to capture views, and attempted to represent the views of all cohorts of children and young people with protected characteristics.</p> <p>Engagement approaches included:</p> <ul style="list-style-type: none">• Events for professional staff from HSCP, GCC, third sector and partner agencies• A webinar supported by the Health and Social Alliance• Survey Monkey survey running from the 28th of November 2019 to the 14th of February 2020, which was promoted by email, newsletter and Twitter. This provided a total of 20 completed responses captured from a variety of organisations and individuals.• Twitter poll• Meetings with the Care Experienced Young People's Board (People Achieving Change) and the Children's Services Advisory Group• Education events for Primary and Secondary School pupils• One to one and small group contacts by HSCP, Police	
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			<p>Scotland, Glasgow Life and third sector organisations.</p> <p>In total, there were 1325 responses to the consultation. Of these, 62% of participants were under the age of 18 and 4% were young people aged 19-26. The remaining third were a mix of parents and professional staff, mainly from third sector organisations.</p> <p>There was inconsistency in recording the protected characteristics of participants. In over the half of the returns, the ethnicity of participants was unknown. Only 9 percent were recorded as being from Black and Minority Ethnic groups, 5 per cent as having disabilities and 6 percent were care experienced.</p> <p>There were responses received from more than 75 Third Sector Agencies, incorporating a total of 400 consultees. They comprised a mix of under-5s, primary and secondary school pupils, young people, parents, carers, and third sector professionals, with their views captured in either a group or one to one setting.</p> <p>Consultees gave a broadly positive response to the previous Children's Services Plan but stated that more could be done to make the strategy more accessible for children, young people and their families to understand. Children and young people emphasised concerns about poverty, mental health and safety within their environment and communities (including safe spaces in their locality). Young People expressed that greater mental health provision for children and young people is required to respond to the range of young people's needs. Parents and professionals asked for better alignment and coordination of services to help children in education to get ready for leaving school, and highlighted the need to better support children with disabilities and their families.</p> <p>A revised set of priorities were developed in response to the</p>	
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			<p>consultation feedback. The new priorities, informed by the consultation and the needs to emerge as a result of the pandemic, will inform the delivery of children’s services support over the next three years, including targeted support for children, young people and families with protected characteristics:</p> <p>Glasgow’s Children’s Services Plan (CSP) for 2020-2023 sets out a vision for support to children and young people delivered against five key priority areas:</p> <ul style="list-style-type: none"> • PRIORITY 1: Children and young people are safe, protected and valued in their communities and neighbourhoods • PRIORITY 2: Children and young people’s health and wellbeing is promoted and improved • PRIORITY 3: Children and young people are well supported in their homes and communities • PRIORITY 4: Children and young people achieve high quality outcomes through excellent and inclusive education and employment opportunities • PRIORITY 5: Children and young people are involved and included and their views are influential in the development and delivery of services 	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research</i></p>	<p>Learning from the LGBT+ population needs assessment led to the commissioning of three organisations to deliver a range of group work and individual support to children and young people, in order to reduce the impact of mental health issues, and the exacerbation over the period of the pandemic.</p> <p>Family Support principles were developed in conjunction with</p>	<p>Risk of access to services being determined by predetermined eligibility criteria is being mitigated through the decision not to include these specific areas within the tender to emphasise the need to respond flexibly to the full range of individual</p>

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<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>families and Third Sector practitioners in order to guide the delivery of family support and to ensure that the needs of all children, young people and families, including those with protected characteristics, are being met by the network of services within Glasgow City. These principles cover the areas of engagement, collaboration, communication, empowerment, respect, flexibility, assessment, evaluation, planning and knowledgeability.</p> <p>While the consultation for the Family Support Strategy identified six key areas of need within Glasgow (addressing neglect, gender-based violence, poverty, and mental health, and enhancing provision for asylum seeking children, young people and their families, and children and young people with disabilities and/or additional support needs), there was a desire for the new Family Support Services to meet the needs of all children, young people and families requiring support in Glasgow, and to meet the needs of families emerging out of the pandemic. For this reason, a decision was taken not to include these specific areas within the tender in order to mitigate the risk of access to services being determined by predetermined eligibility criteria, as opposed to the individual and diverse needs of families across Glasgow. These six areas remain a focus for staff within the HSCP and family support providers across the City in the context of the broader objective of the new family Support Service to respond flexibly to the needs of all children, young people and families, and deliver effective intervention at the earliest point, in line with GIRFEC.</p> <p>The success of phase 1 of the anti-poverty work led to another payment being issued in early 2022, and there is a desire to further expand this in order to remove immediate sources of financial stress and inequality for families.</p> <p>The five key priority areas of the Children's Services Plan apply to all children and young people living in Glasgow. For this</p>	<p>and diverse needs of families across Glasgow, and those which emerge in the future, including as a result of the pandemic. These six areas remain a focus for staff within the HSCP and family support providers across the City in the context of the broader objective of the new family Support Service to respond flexibly to the needs of all children, young people and families, and deliver effective intervention at the earliest point, in line with GIRFEC.</p>
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			<p>reason, a children’s version of the plan is being developed, with support of pupils from a local secondary and Additional Support Needs primary school. In addition, a performance framework is currently being developed to monitor the implementation of the actions within the Plan.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected <input type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce</i></p>	<p>Children’s Services Plan</p> <p>Engagement approaches included:</p> <ul style="list-style-type: none"> • Events for professional staff from HSCP, GCC, third sector and partner agencies • A webinar supported by the Health and Social Alliance • Survey Monkey survey running from the 28th of November 2019 to the 14th of February 2020, which was promoted by email, newsletter and Twitter. This provided a total of 20 completed responses captured from a variety of organisations and individuals. • Twitter poll • Meetings with the Care Experienced Young People’s Board (People Achieving Change) and the Children’s Services Advisory Group • Education events for Primary and Secondary School pupils • One to one and small group contacts by HSCP, Police Scotland, Glasgow Life and third sector organisations. <p>In total, there were 1325 responses to the consultation. Of these, 62% of participants were under the age of 18 and 4% were young people aged 19-26. The remaining third were a mix of parents and professional staff, mainly from third sector organisations.</p> <p>There was inconsistency in recording the protected characteristics of participants. In over the half of the returns, the ethnicity of participants</p>	

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	<p>characteristics</p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>poverty for children in households at risk of low incomes.</i></p>	<p>was unknown. Only 9 percent were recorded as being from Black and Minority Ethnic groups, 5 per cent as having disabilities and 6 percent were care experienced.</p>	
		<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>The transformation programme is not a building based service, and integrates a number of workstreams with the aim of improving outcomes for children and young people by increasing the level of neighbourhood, community supports, and keeping families, and brothers and sister living together through high quality family support and preventing accommodation.</p>	<p>The needs analysis scoping the needs of LGBT+ children and young people has highlighted the need to adopt a more robust and radical approach to participation and equality of access. Issues around autism, ADHD, learning and developmental delay and complex needs is marginalised around the scale of need and poverty within the city. Additional strategic and operational focus is required across the integrated children’s partnership.</p>

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	4) Not applicable <input type="checkbox"/>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	<p>6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British</p>
	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>One of the key resources for informing the direction of the transformation programme is direct feedback from children, young people, families and practitioners. There are a number of workstreams underway to improve communication, including a new 'My Meeting' process which has been developed by the Independent Care and Review Team, taking on board the views of young people, to help young people to share their views in decision making meetings. There is a Practice Feedback Group established to provide a more robust feedback loop from frontline practice to the leadership team. The family survey utilised text messaging to connect families to a questionnaire about the impact of the winter payments, which resulted in a response rate of 30.8%. The HSCP has sought support from partners to engage with children and young people, based on existing relationships with practitioners, which worked well in the engagement for the Children's Services Plan. Children's Services is seeking to increase its social media communication, and participated in the Connecting Scotland programme to support the distribution of laptops and devices to families over the course of the pandemic, with services seeking to balance the number of appointments offered online with some children, young people's and families' preferences to meet in person. For example, the Youth Health Service has increased the number of bases across the City in order to offer more in person appointments, and many HSCP services continued to meet face to face over the course of the pandemic. In addition, Specialist Children's Services has also increased the opportunity to engage in Attend Anywhere appointments.</p>	<p>Additional mitigation is necessary to ensure that all key strategic planning groups provide a sense check of their progress and activity consistently across a range of EQIA indicators.</p>	

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	<p>Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>The transformation programme covers all children and young people defined as children under the Children and Young People (Scotland) Act 2014, up to the age of 18, and those young people who have left care up to the age of 26. The programme is being designed and delivered in line with this legislation, with some services offering specific support to children and young people within specific age ranges, due to the efficacy of approaches when supporting children and young people at different developmental stages. For example, Early Intervention Family Support Services are primarily focused on supporting children under the age of 12 and their families, and the Intensive Family Support Service has been set up to support young people over 12 years, recognising the different needs of families with children at these developmental stages. However, there is some flexibility within this, given the objective to consider the needs of whole families, and the developmental stage and needs of each individual family member, requiring a flexible and</p>	<p>Eligibility criteria for services is rigidly applied, which results in failing to meet the individual, developmental needs of some children and young people, with the mitigation being to review all requests for family support at the Early Intervention and Intensive Screening Groups to ensure that needs are being met through allocation of families to the most appropriate service.</p> <p>Supporting young people at the point of transition from children's to adult service is an area for improvement identified in the Children's Services Plan, with actions to improve support</p>	

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	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>inclusive approach. There is work to support pregnant women and to focus on prenatal and perinatal development, as well as antenatal supports, therefore the programme is focused the needs of children from prenatal stage, through childhood and into adulthood, with a focus on keeping families together in their neighbourhoods and communities, with access to the right supports at the right time.</p>	<p>for care experienced young people, young people with disabilities, and young people with complex needs. There is a plan being developed to implement a new transitions protocol in 2023.</p>
<p>(b)</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>As part of the planning for the Children’s Services Plan, the Third Sector Forum facilitated engagement and consultation with children with disabilities and their families through agencies including the <i>Glasgow Disability Alliance</i>, <i>National Autistic Society Scotland</i> and the <i>Dixon Community Carers Centre</i>. The consultation and engagement with families, third and statutory sectors identified that the key concerns for families was in relation to social exclusion, and physical and financial barriers to accessing out of school activities. The experience of families over the pandemic suggests that this social exclusion has been exacerbated by the withdrawal of/ reduction in some services and the shift to more online forms of communication.</p> <p>This resulted in some additional support being commissioned to address gaps in services for families, particularly over the course of the pandemic.</p> <p>The Local Child Poverty Action Report 2020 identified engaging with families with a member with a disability as a key priority for City planning related to child poverty. The findings of this work will help to shape the direction of the HSCP’s anti-poverty work, which is a key component of the transformation programme, building on the learning from the pandemic and the feedback from families.</p>	<p>The pandemic had a disproportionate impact on children and young people with disabilities and their families, due to the decrease in face-to-face work, and work within families’ homes. The mitigation is to review and revise our approach to commissioning services to ensure that these services continue to be delivered, with appropriate measures in place, and adhering to prevailing public health guidance.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>As a result of the scoping work described above, services for children and young people with the protected characteristic of Gender reassignment have been increased, to address the recommendation of the needs analysis which highlighted the need for group support, social and volunteering opportunities; one to one support, counselling and advice; signposting and advocacy to access wider mental health support services; support for Trans people on the Gender Identity Service waiting list; and facilitated support to leave the house and participate in outdoor activity.</p> <p>Three organisations are currently delivering a range of group work and individual support addressing these needs.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p>	<p>Care experienced young people who are married or in a civil partnership would be eligible for the same type of support as other care experienced young people, based on an assessment of their individual needs.</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Beneficiaries of the transformation programme include pregnant women, and their children at antenatal stage, with particular approaches targeted to this group, including Supporting Vulnerable Pregnancies and Family Nurse Partnership. A post was recently created to support mothers to improve their children’s mental health, particularly in infancy, and to join up some of the current approaches across prenatal, perinatal and antenatal stages. Glasgow HSCP has now fully implemented the antenatal visit by Health Visitors which provides an opportunity to improve outcomes and support wellbeing of children at the earliest point, and is universally available to all pregnant mothers.</p>	<p>Research was recently published by the Centre for Population Health with NHSGGC and NHSAA on the Cost of the Pregnancy Pathway. It details some of the cost-related barriers for women on low incomes to accessing ante- and post-natal appointments. The statutory duty to support income maximisation for new and expectant mothers – reported in the Local Child Poverty Action Report 2020 – has provided baseline measures against which to measure the impact of the anti-poverty approaches to raise income and protect families from the impact of poverty. This will continue to inform the HSCP’s anti-poverty work.</p>

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Glasgow currently has a significant and growing asylum seeking population settling into the city. Some of these children, young people and their families will have experienced significant trauma. In addition, poverty presents a significant challenge to these families who have no recourse to public funds and are unable to access employment opportunities. Further work is required to fully explore the needs and experiences of asylum-seeking children, young people and their families, and to create more seamless pathways into support.</p> <p>A new community outreach project started in November 2019 which is using a peer mentoring approach to support Roma families to engage with a range of supports. The postholders have been recruited directly from the community in order to better connect families who have been unable to access, or engage with services. This work will help to increase our understanding of Roma families' needs, and will help to inform future service delivery. Based on the learning, we will look to develop our 'community connectors' approach, particularly for groups who are less able to access and engage with existing supports and services.</p> <p>There is also a programme of 'Orientation to the City' courses which are supporting children and young people with settling into the City, teaching practical skills such as cooking and budgeting, offering pathways into education and employment, tailored to the needs of the group.</p> <p>All HSCP services are accessible to families for whom English is not their first language through interpreting support.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p>	<p>In line with the HSCP code of conduct, and the code of conduct of partner agencies, all services and supports are designed and delivered to respect the beliefs of individuals and groups of children and young people, with an inclusive, flexible and responsive approach to meeting the individual – including</p>	

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>religious – needs of children, young people and families.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>The transformation programme acknowledges the diversity of children, young people and families in Glasgow, and in seeking to keep children at home with their parents, and keep brothers and sisters together in line with the Promise, acknowledges that Glasgow has the highest proportion of lone parents in Scotland, with 40% of households across the City headed up by a lone parent, and some neighborhoods rising to as much as 72%, with a vast majority of these lone parents being female. The citywide review of approaches to addressing Domestic Abuse is recognising the impact of the burden of responsibility traditionally being placed on women, and is seeking to enhance strengths-based approaches, and to more carefully consider approaches to supporting fathers. There is also a greater emphasis on Family Group Conferencing and Family Group Decision Making approaches within family support to ensure that all family members, including fathers, are included in developing a care</p>	

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	<p>4) Not applicable <input type="checkbox"/></p>	<p>plan which aims to prevent accommodation, and keep brothers and sisters together. The focus of the Family Support Strategy and the recently commissioned Family Support Services is to work with <i>whole</i> families to improve outcomes, and to understand the needs of individual family members, irrespective of sex, or household, to ensure that parents can have an involvement in caring for their children, and that family assets are fully explored in order to keep families together.</p>	
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>All services within the transformation programme provide support to all children and young people and families, irrespective of family members' sexual orientation, and the new LGBT+ service is providing more targeted support, where required, in line with the findings of the recent needs analysis described above.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>

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<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic decisions</u>. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage? 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 	<p>The Nuffield Study "Inequalities in child welfare intervention rates: deprivation and identity"¹) suggests that Glasgow’s care experienced children and young people experience significantly higher rates of poverty than in other comparable cities, which led to a consideration about how to address this additional source of stress for families. The period over the pandemic provided the context for issuing direct payments to families, which has been very positively received (as reported above), and this approach will be expanded to incorporate the learning more broadly.</p> <p>Work is ongoing in the areas of universal income maximisation services, assistance with living costs, and expansion of digital inclusion programmes to enable connection with key supports and services, and to address poverty and inequalities, as detailed in the Children’s Services Plan. These programmes are aligned to the objectives of the HSCP anti-poverty work, which involves issuing direct payments to families automatically and with no criteria issued on how the money should be used.</p>	
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¹ Inequalities in Child Welfare intervention rates, deprivation and identity (2014); Nuffield Study.

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	<p>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>Care Experienced Young People Young people transitioning from children’s services into aftercare services and adult services, require extra support and assistance in securing accommodation to reduce their risk of homelessness. This is a key focus of the Aftercare review, which is aiming to provide better holistic support to meet the range of young people’s needs, in partnership with Registered Social Landlords and other key stakeholders, to develop suitable housing options for young people with complex needs.</p> <p>Domestic Abuse A programme of partnership work is aiming to improve the range and quality of services available to address domestic abuse, with a sub-group set up to explore approaches which will work well for children, for mothers and for fathers.</p>	

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		<p>Mental Health Mental Health was identified as a key area of focus for the CSP, and underpins all of the 5 priorities contained in the Plan. A number of workstreams within the transformation programme are focusing on emotional wellbeing, including parental and perinatal mental health (in alignment with the National Mental Health Strategy ²), expansion of Tier 1 and Tier 2 community mental health supports, anti-poverty work, aftercare review, and the nurture programme within children’s houses. The family support services – both at early intervention and intensive level – are aiming to address children, young people’s and parents and carers’ mental health needs through working with families to find their own solutions, exploring family assets and strengths, and linking into other sources of support, where required.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The aim is to continue to reinvest a proportion of the cost savings associated with reducing the number of out of area placements into increasing the amount of family support in the City. Data analysed before the first phase of the transformation work suggested that young people living in out of authority placements were not achieving the outcomes expected, and that maintaining young people’s connections within the City, and further investment in the City’s family support infrastructure, would be a better use of resource, particularly given that around two-thirds of young people return to living with their families in Glasgow when they leave care placements.</p>	

² The National Mental Health Strategy; Glasgow Health & Social Care Partnership.

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		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	COVID pandemic has disrupted some of the training and development opportunities, particularly those based on relationship building, which ideally take place in person in order to understand perspectives, seek diverse views in order to support sense making, and to decide best next steps in the context of supporting transformation change to improve outcomes for children, young people and their families living in the City.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

<p>This strategy will uphold the right to respect for private and family life, the right to protection from discrimination and right to freedom of expression, as reflected in UNCRC, and in line with the aspirations of GIRFEC and the Promise. The transformation programme will continue to incorporate young people's feedback and lived experience, with a</p>
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plan in place to employ care experienced young people to support the strategic direction of travel for children's services.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

Engagement with People Achieving Change (PAC; Children's Champions Board)

Refreshed 'My Meeting' process, introduced by the Independent Care and Review Team, based on the voices of young people.

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
<p>Monitor changing demographics</p> <p>Ongoing review of strategy in light of UNCRC and GIRFEC refresh</p> <p>Continue to monitor impact of pandemic and enhance our integrated approach to addressing the needs of children, young people, and their parents/ carers</p> <p>Consider language and interpreting needs in future consultations</p> <p>Continue to develop flexible services without rigid eligibility criteria</p> <p>Increase operational and strategic focus on addressing needs in relation to Autism, ADHD, learning and developmental delay and complex needs</p> <p>Promote greater consistency in the analysis of EQIA indicators</p> <p>Improve transitions between Children’s and Adult Services</p> <p>Review approach to commissioning of services in light of learning from pandemic</p> <p>Integrate learning from Cost of the Pregnancy Pathway and other initiatives into HSCP’s anti-poverty approach</p>	<p>Ongoing annually – Planning Team, in collaboration with Business Development Team</p> <p>Ongoing, in line with policy context – ACO and HoS</p> <p>Ongoing, in line with policy context – ACO and HoS, in collaboration with stakeholders across the CPP</p> <p>Ongoing – Planning Team, in collaboration with Business Development Team</p> <p>Ongoing – ACO, HoS, Planning Team, in collaboration with Commissioning Team</p> <p>Ongoing – ACO and HoS</p> <p>Ongoing – Planning Team, in collaboration with Commissioning Team</p> <p>April 23 – HoS, ACO and Planning Team</p> <p>Ongoing – ACO, Planning Team, in collaboration with Commissioning Team</p> <p>Ongoing – ACO, HoS, Planning Team, in collaboration with stakeholders across CPP</p>	

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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

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Lead Reviewer:

EQIA Sign Off:

Name

Job Title

Signature

Date

Dominique Harvey

Head of Planning for Children's Services and North East Locality

D. Harvey

11 March 2022

Quality Assurance Sign Off:

Name

Job Title

Signature

Date

Alastair Low

Planning Manager

10/03/2022

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NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

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Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk

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